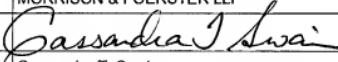


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |    |                        |                 |
|--|----|------------------------|-----------------|
| <b>TRANSMITTAL FORM</b>                  |    | Application Number     | 10/526,668      |
|  |    | Filing Date            | March 4, 2005   |
|  |    | First Named Inventor   | Emma J. HEATLEY |
|  |    | Art Unit               | 3723            |
|  |    | Examiner Name          | Bryan R. Muller |
| Total Number of Pages in This Submission | 13 | Attorney Docket Number | 424662010300    |

| ENCLOSURES (Check all that apply)   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input checked="" type="checkbox"/> Drawing(s)                            | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Change of Correspondence Address                 | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              |   |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Remarks  |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP   |          |        |
| Signature    |  |          |        |
| Printed name | Cassandra T. Swain  |          |        |
| Date         | January 5, 2009   | Reg. No. | 48,361 |